

# TACTICAL RESPONSE REPORT/Chicago Police Department

|  |  |  |  |  |  |   |                          |  |  |  |  |   |  |  |  |  |  |
|--|--|--|--|--|--|---|--------------------------|--|--|--|--|---|--|--|--|--|--|
| MEMBER INVOLVED<br><input type="checkbox"/> DNA  | 1. DATE OF INCIDENT<br>30-APR-2013   | TIME<br>21:23:00   | 2. ADDRESS OF OCCURRENCE<br>8850 1/2 S BURLEY AVE CHICAGO, IL 60617  | 3. LOCATION CODE<br>303  | 4. BEAT/OCCUR<br>0424  |   |                          |  |  |  |  |   |  |  |  |  |  |
|  | 6. POSITION<br>9171  | 8. LAST NAME<br>MATA   | 7. FIRST NAME<br>RICARDO   | 9. STAR NO.<br>1903  | 10. SEX<br><input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F 11. AGE<br>S           | 12. HT.<br>511  | 13. WT.<br>170           |  |  |  |  |   |  |  |  |  |  |
|  | 14. DATE OF APPT.<br>05-JUN-1995   | 15. EMPLOYEE NO.<br>004  | 16. UNIT & BEAT OF ASSIGNMENT<br>0404  | 17. DUTY STATUS<br><input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off   | 18. MEMBER INJURED?<br><input checked="" type="checkbox"/> 02 No <input type="checkbox"/> 01 Yes         | 19. MEMBER IN UNIFORM?<br><input checked="" type="checkbox"/> 02 No <input type="checkbox"/> 01 Yes   |                          |  |  |  |  |   |  |  |  |  |  |
|  | 20. LAST NAME<br>BOOTH   | 21. FIRST NAME<br>WILLIE   | 22. M.I.<br>D  | 23. SEX<br><input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F  | 24. RACE<br>BLK  | 25. D.O.B.<br>[REDACTED]  | 26. HT.<br>602           | 27. WT.<br>270   |  |  |  |   |  |  |  |  |  |
|  | 28. ADDRESS<br>[REDACTED]  | 29. TELEPHONE NO.<br>[REDACTED]  | 30. WAS SUBJECT ARMED/HANDS/FISTS, OTHER (SPECIFY)<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No                                    | 31. SUBJECT INJURED?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No  | 32. SUBJECT ALLEGED INJURY?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No |   |                          |  |  |  |  |   |  |  |  |  |  |
|  | 33. WHERE WAS MEDICAL TREATMENT OBTAINED?<br>515 ILCS 5.0/1-200, 720 ILCS 5.0/12-5-A, 720 ILCS 5.0/12-2-A-16 | 34. BY WHOM?<br>[REDACTED]   | 35. CONDITION<br><input type="checkbox"/> 01 Apparently Normal<br><input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized | 36. CHARGES PLACED<br>515 ILCS 5.0/1-200, 720 ILCS 5.0/12-5-A, 720 ILCS 5.0/12-2-A-16  | 37. CB NO.<br>18648535   | 38. DNA   | 39. IR NO.<br>[REDACTED] | 40. DNA  |  |  |  |   |  |  |  |  |  |
|  | SUBJECT INFORMATION<br><input type="checkbox"/> DNA  | 41. SUBJECT'S ACTIONS<br>DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/><br>STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/><br>OTHER _____   |  | 42. MEMBER'S RESPONSE<br>MEMBER PRESENCE <input checked="" type="checkbox"/><br>VERBAL COMMANDS <input checked="" type="checkbox"/><br>ESCORT HOLDS <input checked="" type="checkbox"/><br>WRISTLOCK <input type="checkbox"/><br>ARMBAR <input type="checkbox"/><br>PRESSURE SENSITIVE AREAS <input type="checkbox"/><br>CONTROL INSTRUMENT <input type="checkbox"/><br>OC/CHEMICAL WEAPON <input type="checkbox"/><br>W/AUTHORIZATION <input type="checkbox"/><br>OTHER _____ |  | 43. ASSAULTANT ASSAULT<br>FLED <input checked="" type="checkbox"/><br>PULLED AWAY <input type="checkbox"/><br>OTHER _____   |                          | 44. ASSAULTANT BATTERY<br>IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/><br>OTHER _____  |  | 45. ASSAULTANT DEADLY FORCE<br>ATTACK WITH WEAPON <input type="checkbox"/><br>ATTACK WITHOUT WEAPON <input type="checkbox"/><br>OTHER _____                |  | 46. USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM<br>WEAPON <input type="checkbox"/><br>OTHER _____ |  |  |  |  |  |
|  |  |  |  |  |  | 47. OPEN HAND STRIKE <input type="checkbox"/><br>TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/><br>OC CHEMICAL WEAPON <input checked="" type="checkbox"/><br>CANINE <input type="checkbox"/><br>TASER (Probe Discharge) <input type="checkbox"/><br>TASER (Contact Skin) <input type="checkbox"/><br>TASER (Laser Targeted) <input type="checkbox"/><br>TASER (Spark Displayed) <input type="checkbox"/><br>OTHER _____ |                          | 48. ELBOW STRIKE <input type="checkbox"/><br>CLOSED HAND STRIKE/PUNCH <input type="checkbox"/><br>IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/><br>OTHER _____ |  | 49. KNEE STRIKE <input type="checkbox"/><br>KICKS <input type="checkbox"/><br>IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/><br>OTHER _____ |  | 50. FIREARM <input type="checkbox"/><br>OTHER _____   |  |  |  |  |  |
|  |  | 51. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) _____  |  | 52. ADDITIONAL INFORMATION   |  |   |                          |  |  |  |  |   |  |  |  |  |  |
|  |  | 53. POSITION _____   |  | 54. STAR NO. _____   |  | 55. UNIT _____  |                          |  |  |  |  |   |  |  |  |  |  |
| 56. WEAPON TYPE<br><input type="checkbox"/> 01 REVOLVER <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL<br><input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON<br><input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge)<br><input type="checkbox"/> 07 OTHER |  | 57. INCIDENT OCCURRED<br><input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors   |  | 58. LIGHTING CONDITIONS<br><input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial   |  | 59. WEATHER CONDITIONS<br><input type="checkbox"/> CLEAR  |                          |  |  |  |  |   |  |  |  |  |  |
| 60. TASER/DART ID. NO. _____   |  | 61. WEAPON SERIAL NO. (Include Letters) _____  |  | 62. CHICAGO GUN REG. NO. _____   |  | 63. IL FIREARM OWNER ID. NO. _____  |                          | 64. HANDGUN CERTIFICATE NO. _____  |  |  |  |   |  |  |  |  |  |
| 65. SPECIAL WEAPON CERTIFICATE NO. _____   |  | 66. PROPERTY INVENTORY NO. _____   |  | 67. TYPE OF AMMUNITION USED _____  |  | 68. NO. OF WEAPONS DISCHARGED BY THIS MEMBER<br>1   |                          | 69. TOTAL NO. OF SHOTS MEMBER FIRED  |  |  |  |   |  |  |  |  |  |
| 70. WHO FIRED FIRST SHOT<br><input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER  |  | 71. WAS FIREARM RELOADED DURING INCIDENT<br><input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO   |  | 72. NO. OF CARRIDGES/SHOT SHELLS RELOADED  |  | 73. HOW WAS MEMBER'S HANDGUN WORN<br><input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)  |                          | 74. OTHER (Specify) _____  |  |  |  |   |  |  |  |  |  |
| 75. HOW WAS MEMBER'S HANDGUN DRAWN<br><input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW  |  | 76. SPECIFY METHOD/EQUIPMENT USED TO RELOAD  |  | 77. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED<br><input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.  |  | 78. DID MEMBER USE SIGHTS<br><input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO   |                          |  |  |  |  |   |  |  |  |  |  |
| 79. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)  |  | 80. POSITION OF MEMBER DISCHARGING WEAPON<br><input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN<br><input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) _____ |  | 81. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON<br><input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN  |  | 82. DATE REVIEWED<br>01-MAY-2013 00:48:07   |                          | 83. TIME<br>01-MAY-2013 01:59:47   |  |  |  |   |  |  |  |  |  |
| 84. CASE INFO<br>Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.   |  |  |  |  |  |   |                          |  |  | 85. SIGNATURES<br>73. REPORTING MEMBER (Print Name)<br>MATA, RICARDO<br>01-MAY-2013 00:48:07   |  |   |  |  |  |  |  |
| 86. SIGNATURES<br>74. REVIEWING SUPERVISOR (Print Name)<br>RICHARDS, MAURICE V   |  |  |  |  |  |   |                          |  |  | 87. STAR/EMPLOYEE NO.<br>1903  |  |   |  |  |  |  |  |

1312017321

HW254795

LOG# 1001883  
Attachment 45

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

### 75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

The Subject was interviewed in the 004th District and stated: "Man, I so sorry, I so sorry...I apologize. I know I kicked the fool, but it was all about my play-cuzin, ya underian...I didn't mean nothin by it."

### 76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The Sergeant's response to the Assailant was in compliance with Department Use of Force Policy and Directives.

### 77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED \_\_\_\_\_

### 78. WATCH COMMANDER/OCIC (Print Name)

RICHARDS, MAURICE V

SIGNATURE

DATE COMPLETED

TIME

01-MAY-2013 02:09:09

### 79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

#### ATTACHMENTS - PHOTOCOPIES OF:

CASE REPORT       SUPPLEMENTARY REPORT  
 ARREST REPORT       OFFICER BATTERY REPORT  
 TO-FROM SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

I.O.D. REPORT

CR INITIATION REPORT

#### 80. TOTAL TRR's THIS EVENT NO.

3